

COMBINED DECLARATION FOR PATENT
APPLICATION AND POWER OF ATTORNEY
(Includes Reference to International Applications)

ATTORNEY'S DOCKET NUMBER
201487/1070 (KUV-101PCT-US)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AUTOIMMUNE DISEASE MODEL ANIMAL

the specification of which (check only one item below):

- is attached hereto.
- was filed as U.S. Patent Application Serial No. _____ on _____ and was amended on _____ (if applicable).
- was filed as PCT International Application No. **PCT/JP00/02023** on **March 30, 2000** and was amended under PCT Article 19 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim priority benefits under Title 35, United States Code, § 119 of any application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States listed below and have also identified below any application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (IF PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
PCT	PCT/JP00/02023	30-MARCH-2000	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Japan	11/91408	31-MARCH-1999	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATIONS		STATUS (Check One)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED
PCT APPLICATIONS DESIGNATING THE U.S.				
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)		

COMBINED DECLARATION FOR PATENT APPLICATION
AND POWER OF ATTORNEY (Continue)ATTORNEY'S DOCKET NUMBER
201487/1070 (KUV-101PCT-US)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. **Michael L. Goldman, Registration No. 30,727; Joseph M. Noto, Registration No. 32,163; Ann R. Pokalsky, Registration No. 34,697; Gunnar G. Leinberg, Registration No. 35,584; Edwin V. Merkel, Registration No. 40,087; Georgia Evans, Registration No. 44,597; Alice Y. Choi, Registration No. 45,758; Andrew K. Gonsalves, Registration No. 48,145; Noreen L. Connolly, Registration No. 48,987; John Campa, Registration No. 49,014**

Send Correspondence to:			Michael L. Goldman NIXON PEABODY LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603	Direct Telephone Calls to: (name and telephone number) Michael L. Goldman (716) 263-1304
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME Amagai	FIRST GIVEN NAME Masayuki	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Tokyo	STATE/FOREIGN COUNTRY Japan	COUNTRY OF CITIZENSHIP Japan
	POST OFFICE ADDRESS	P.O. ADDRESS c/o Keio University School of Medicine, 35 Shinanomachi, Shinjuku-ku	CITY Tokyo	STATE & ZIP CODE/CTRY 160-8582/JAPAN
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME Nishikawa	FIRST GIVEN NAME Takeji	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Tokyo	STATE/FOREIGN COUNTRY Japan	COUNTRY OF CITIZENSHIP Japan
	POST OFFICE ADDRESS	P.O. ADDRESS c/o Keio University School of Medicine, 35 Shinanomachi, Shinjuku-ku	CITY Tokyo	STATE & ZIP CODE/CTRY 160-8582/JAPAN
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME Suzuki	FIRST GIVEN NAME Harumi	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Tokyo	STATE/FOREIGN COUNTRY Japan	COUNTRY OF CITIZENSHIP Japan
	POST OFFICE ADDRESS	P.O. ADDRESS c/o Keio University School of Medicine, 35 Shinanomachi, Shinjuku-ku	CITY Tokyo	STATE & ZIP CODE/CTRY 160-8582/JAPAN
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME Koyasu	FIRST GIVEN NAME Shigeo	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Tokyo	STATE/FOREIGN COUNTRY Japan	COUNTRY OF CITIZENSHIP Japan
	POST OFFICE ADDRESS	P.O. ADDRESS c/o Keio University School of Medicine, 35 Shinanomachi, Shinjuku-ku	CITY Tokyo	STATE & ZIP CODE/CTRY 160-8582/JAPAN
2 0 5	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/CTRY

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I hereby declare that all statements made by [REDACTED] of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statement may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201 UNSIGNED	SIGNATURE OF INVENTOR 202 UNSIGNED	SIGNATURE OF INVENTOR 203 UNSIGNED
DATE	DATE	DATE
SIGNATURE OF INVENTOR 204 UNSIGNED	SIGNATURE OF INVENTOR 205	
DATE	DATE	

Page 3 of 3

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is attached hereto.

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was filed as PCT International Application No. PCT/JP00/02023 on March 30, 2000 and assigned U.S. Patent Application Serial No. 09/937,739.

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Japan	11/91408	31-MARCH-1999	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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			<input type="checkbox"/> YES <input type="checkbox"/> NO

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U.S. APPLICATIONS		STATUS (Check One)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED
PCT APPLICATIONS DESIGNATING THE U.S.				
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)		
PCT/JP00/02023	30-MARCH-2000	09/937,739	X	

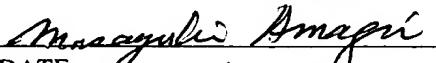
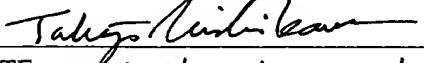
COMBINED DECLARATION FOR PATENT APPLICATION
AND POWER OF ATTORNEY (Continue)

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Send Correspondence to: <u>Michael L. Goldman</u> <u>NIXON PEABODY LLP</u> <u>Clinton Square, P.O. Box 31051</u> <u>Rochester, New York 14603</u>			Direct Telephone Calls to: (name and telephone number) <u>Michael L. Goldman</u> (716) 263-1304	
1	FULL NAME OF INVENTOR <u>Amagai</u>	FAMILY NAME <u>Amagai</u>	FIRST GIVEN NAME <u>Masayuki</u>	SECOND GIVEN NAME
2	RESIDENCE & CITIZENSHIP <u>Tokyo</u>	CITY <u>Tokyo</u>	STATE/FOREIGN COUNTRY <u>Japan</u>	COUNTRY OF CITIZENSHIP <u>Japan</u>
3	POST OFFICE ADDRESS <u>c/o Keio University School of Medicine, 35 Shinanomachi, Shinjuku-ku</u>	CITY <u>Tokyo</u>	CITY <u>Tokyo</u>	STATE & ZIP CODE/CTRY <u>160-8582/JAPAN</u>
4	FULL NAME OF INVENTOR <u>Nishikawa</u>	FAMILY NAME <u>Nishikawa</u>	FIRST GIVEN NAME <u>Takeji</u>	SECOND GIVEN NAME
5	RESIDENCE & CITIZENSHIP <u>Tokyo</u>	CITY <u>Tokyo</u>	STATE/FOREIGN COUNTRY <u>Japan</u>	COUNTRY OF CITIZENSHIP <u>Japan</u>
6	POST OFFICE ADDRESS <u>c/o Keio University School of Medicine, 35 Shinanomachi, Shinjuku-ku</u>	CITY <u>Tokyo</u>	CITY <u>Tokyo</u>	STATE & ZIP CODE/CTRY <u>160-8582/JAPAN</u>
7	FULL NAME OF INVENTOR <u>Suzuki</u>	FAMILY NAME <u>Suzuki</u>	FIRST GIVEN NAME <u>Harumi</u>	SECOND GIVEN NAME
8	RESIDENCE & CITIZENSHIP <u>Tokyo</u>	CITY <u>Tokyo</u>	STATE/FOREIGN COUNTRY <u>Japan</u>	COUNTRY OF CITIZENSHIP <u>Japan</u>
9	POST OFFICE ADDRESS <u>c/o Keio University School of Medicine, 35 Shinanomachi, Shinjuku-ku</u>	CITY <u>Tokyo</u>	CITY <u>Tokyo</u>	STATE & ZIP CODE/CTRY <u>160-8582/JAPAN</u>
10	FULL NAME OF INVENTOR <u>Koyasu</u>	FAMILY NAME <u>Koyasu</u>	FIRST GIVEN NAME <u>Shigeo</u>	SECOND GIVEN NAME
11	RESIDENCE & CITIZENSHIP <u>Tokyo</u>	CITY <u>Tokyo</u>	STATE/FOREIGN COUNTRY <u>Japan</u>	COUNTRY OF CITIZENSHIP <u>Japan</u>
12	POST OFFICE ADDRESS <u>c/o Keio University School of Medicine, 35 Shinanomachi, Shinjuku-ku</u>	CITY <u>Tokyo</u>	CITY <u>Tokyo</u>	STATE & ZIP CODE/CTRY <u>160-8582/JAPAN</u>

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SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
		
DATE 30th November 2001	DATE 30th November 2001	DATE 30th November 2001
SIGNATURE OF INVENTOR 204		
		
DATE 30th November 2001		

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